

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

10714577

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-----------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 6 | | | | | |
| 2 | | 0 | | | | |
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| 4 | | 1 | | | | |
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| 9 | | 1 | | | | |
| 10 | | 1 | | | | |
| 11 | | | | | | |
| 12 | | 1 | | | | |
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| TOTAL IND. | 2 | | | | | |
| TOTAL DEP. | 10 | | | | | |
| TOTAL CLAIMS | 12 | | | | | |

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| TOTAL IND. | | | | | | |
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| TOTAL CLAIMS | | | | | | |